

3-5 year old

Please enter your Username (see letter):

Please enter your Password (see letter):

Welcome!

We invite you to fill out a survey for us. We are the Special Education Team of the Wisconsin Department of Public Instruction (WDPI). This is a survey for parents of children and youth with disabilities. It is to ask about how your school joins with you as a partner in your child's education.

We are required to collect this information by federal law. The law is the Individuals with Disabilities Education Act (IDEA 2004). We will use your answers to give better services to children and youth with disabilities and their families. We need your help to do this. Your privacy is also important. Your answers go straight to an agency outside of Wisconsin. You can be sure that your school and WDPI will not know who gave your answers. Your answers will not change your child's education or services.

Thank you for taking the time to fill out the survey. The full survey should take about 20 minutes or less to complete. Before you start, please read the *Consent Statement*.

Consent Statement

Please read this Consent Statement carefully.

Reasons for the Survey: The Office of Special Education of the U.S. Department of Education requires WDPI to collect information. Some of the information must be about parent involvement in their child's special education program. The information helps the WDPI and schools give better services to children and youth with disabilities and their families.

Risks of Filling Out the Survey: There are no risks to you if you fill out this survey. Your answers will not change the special education or services that the school gives to your child.

Privacy: A separate agency outside of Wisconsin will keep your own answers to this survey private. WDPI cannot link you or your child to your answers in any reports. All reports will combine answers from many parents.

Voluntary Nature for Filling Out the Survey: WDPI is required to collect information from parents about their experiences with schools. You are not required to give the information. You can decide to fill out the survey or not to fill out the survey. Your decision will not change your relationships with WDPI or your school.

3-5 year old

Directions for Filling Out the Survey:

Think about the child named in the letter that the school sent to you. Read each item and mark your answer for that child. For each item, mark one of the following: "Very Strongly Agree," "Strongly Agree," "Agree," "Disagree," "Strongly Disagree," and "Very Strongly Disagree." If you have difficulty with any of the items, please make a "best guess."

<i>Preschool Special Education Partnership Efforts and Quality of Services</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I am considered an equal partner in planning my child's preschool special education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My recommendations are included on the IEP/IFSP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If my child's services are provided only with children with disabilities, a written explanation of this is on the IEP/IFSP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was offered special assistance (e.g., childcare or transportation) so that I could participate in the IEP/IFSP meeting(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child's evaluation report was written using words I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been asked for my opinion about how well preschool special education services are meeting my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>People from preschool special education, including teachers and other service providers:</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
7. ...seek out family input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...provide me with clear written information about my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ...provide me with information on how to get other services (e.g., childcare, parent support, respite, regular preschool program, WIC, food stamps).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ...are available to speak with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ...have a person on staff that is available to answer parents' questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ...treat me as an equal team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3-5 year old

<i>People from preschool special education, including teachers and other service providers:</i>	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
13....encourage me to participate in the decision-making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14....respect my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15....ensure that I have fully understood my rights related to preschool special education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16....communicate regularly with me regarding my child's progress on IEP/IFSP goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17....give me options concerning my child's services and supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18....give me information about organizations that offer support for parents (for example, Parent Training and Information Centers, Family Resource Centers, disability groups).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ...offer parents training about preschool special education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20....offer parents different ways of communicating with people from preschool special education (e.g., face-to-face meetings, phone calls, e-mail).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21....explain what options parents have if they disagree with a decision made by the preschool special education program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22....give parents the help they may need, such as transportation, to play an active role in their child's learning and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Please write any additional information that you think is important for improving the special education services students with disabilities receive:						
General Information 24. Enter your child's birthday and year:						

3-5 year old

<p>25. My child first started receiving special education services (i.e., IFSP or IEP) in:</p> <ul style="list-style-type: none"><input type="checkbox"/> Age 0-1<input type="checkbox"/> Age 2-3<input type="checkbox"/> Age 4-5<input type="checkbox"/> Kindergarten	<p>27. My child is eligible to receive special education services in the category:</p> <ul style="list-style-type: none"><input type="checkbox"/> autism<input type="checkbox"/> cognitive disability<input type="checkbox"/> emotional behavioral disability<input type="checkbox"/> hearing impairment (+deafness)<input type="checkbox"/> orthopedic impairment<input type="checkbox"/> other health impairment<input type="checkbox"/> significant developmental delay<input type="checkbox"/> specific learning disability<input type="checkbox"/> speech or language impairment<input type="checkbox"/> traumatic brain injury<input type="checkbox"/> visual impairment (+blindness)
<p>26. The race or ethnicity that best describes my child is:</p> <ul style="list-style-type: none"><input type="checkbox"/> Black or African American<input type="checkbox"/> American Indian or Native Alaskan<input type="checkbox"/> Asian or Pacific Islander<input type="checkbox"/> White<input type="checkbox"/> Hispanic or Latino<input type="checkbox"/> Multi-racial<input type="checkbox"/> Other	<p>28. My answers to this survey were entered into the survey by:</p> <ul style="list-style-type: none"><input type="checkbox"/> Myself<input type="checkbox"/> A school district staff person assisting me<input type="checkbox"/> Parent or community member assisting me

Thank you for completing the survey. Please mail in the enclosed envelope to:

**North Central Regional Resource Center
5 Pattee Hall
150 Pillsbury Dr.
Minneapolis, MN 55455**